2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2003 8:00 am Secretary of State

1. Entity Nar	IMENT # P020(IDEZ CONCRETE, INC.	00018085		02-07-2003 90096 044 ***150.00
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Principal Place of Business 1209 BECHER STREET P.O. BOX 492727 LEESBURG FL 34748 US US				And the second s
Principal Place of Business 3. Mailing Address				— {
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Sta	te	City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
	6. Name and Address of Current			7. Name and Address of New Registered Agent
<u> </u>	·		Name	
LANGLEY, RICHARD H 700 ALMOND STREET			Street Address	s (P.O. Box Number is Not Acceptable)
CLERMON	NT FL 34711			
			City	FL Zip Code
8. The above the obligat	named entity submits this statement for	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
- '			•	·
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requir	(ad when reinstating)
After Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State	•	'9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERNANDEZ, RODRIGO P.O. BOX 492727 LEESBURG FL 34272-7	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	DST HERNANDEZ, FRANCISCO P.O. BOX 492727 LEESBURG FL 34748	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME	DV HERNANDEZ, MARIO P.O. BOX 492727 LEESBURG FL 34748	Delete	TITLE	Change
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete .	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.